

License No. _____

Date Issued _____

APPLICATION FOR SALESPERSON LICENSE

For the period May 1, 2005 to April 30, 2008

Please TYPE or PRINT

INSTRUCTIONS

1. Name of Applicant	WHO MUST FILE – Persons who sell, promote, deliver or otherwise assist in the sale of alcoholic liquors in Michigan.	
2. Home Address (number, street, city, state, zip code)	CHANGE IN EMPLOYMENT – Notify the MLCC. Licenses will be transferred or put into escrow at no charge.	
3. Home Telephone Number	PENALTIES – Failure to obtain a required license is a violation of the Liquor Control Code. Submitting FALSE or INCOMPLETE information is also a violation. Violation of the Code may result in denial, suspension or revocation of the license and a fine.	
4. Business Address (number, street, city, state, zip code)	FILING THE APPLICATION a. Make photocopies for your records b. Mail the application and a check for \$35 (payable to the STATE OF MICHIGAN) to the above address.	
5. Business Telephone Number		
CHECK TYPE OF LICENSE:		<input type="checkbox"/> New License \$35 <input type="checkbox"/> Transfer License (No Fee)
To be completed by APPLICANT		
6. Date of Birth	8. Have you ever been licensed by the MLCC? ___ No ___ Yes: If yes indicate type of license and Year:	
7. Driver's License No.		
9. Have you ever been denied a license by the MLCC? ___ No ___ Yes: If yes list facts, dates and places on a separate sheet.		
10. Do you or your spouse hold (or have financial interest in) a RETAIL license? ___ No ___ Yes: If yes list licenses and places.		
11. Have you ever been arrested or convicted? ___ No ___ Yes: If yes list facts, dates and places on a separate sheet.		
12. By signing this application I agree to abide by the provisions of the Liquor Control Code and the Administrative Rules of the MLCC. I also understand that submitting FALSE or INCOMPLETE information is cause for denial of the license and is a violation of the Liquor Control Code.		
Signature: _____		Date: _____
CASHIER VALIDATION (do not write in this space)		
To be completed by EMPLOYER		
13. Name and Address of employer authorized to do business in Michigan:		
14. Business Telephone Number	15. FEDERAL ID Number	
16. I request the MLCC grant a SALESPERSON LICENSE to: _____		
Signature: _____		Title: _____ Date: _____